

**AMENDED**  
**Alternative Dispute Resolution Summary**

**Provider must file completed form, in duplicate, with the U.S. District Clerk upon completion of ADR.**

1. Civil Action number: \_\_\_\_\_
2. Style of case: \_\_\_\_\_
3. Nature of suit: \_\_\_\_\_
4. Method of ADR used: ☐ Mediation ☐ Mini-Trial ☐ Summary Jury Trial
5. Date ADR session was held: \_\_\_\_\_
6. Outcome of ADR (*Select one*):  
☐ Parties did not use my services. ☐ Settled, in part, as a result of ADR.  
☐ Settled as a result of ADR. ☐ Parties were unable to reach settlement.  
☐ Continuing to work with parties to reach settlement (*Note: provider must file supplemental ADR Summary Form at conclusion of his/her services*).
7. What was your TOTAL fee: \_\_\_\_\_
8. Duration of ADR: \_\_\_\_\_ (i.e., one day, two hours)
9. Please list persons in attendance (including party association, i.e., defendant, plaintiff):

***Please provide the names, addresses, and telephone number of counsel on the reverse of this form.***

10. Provider information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

*Continued*

**Please provide the names, addresses, and telephone numbers of counsel:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

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Name: \_\_\_\_\_

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Phone: \_\_\_\_\_

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